

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Application Number 10/057630	Filing Date
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	Indep	Depend	Indep	Depend	Indep	Depend
1						
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Total Indep	1					
Total Depend	6					
Total Claims	7					

	Indep	Depend	Indep	Depend	Indep	Depend
51		1				
52		1				
53		6				
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Total Indep	1					
Total Depend	12					
Total Claims	13					

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